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Bib Data Sheet

CONFIRMATION NO. 8035

SERIAL NUMBER 09/134,472	FILING OR 371(c) DATE 08/14/1998 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 227662XY4-S
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/02/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 9	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>John L. R.</i> Initials				

ADDRESS

29728

TITLE

CARBOXYLIC ACIDS AND ISOSTERES OF N-HETEROCYCLIC COMPOUNDS FOR VISION AND MEMORY DISORDERS

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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